Clinical Case

Mark Sheet

Student's Name: ------------------------------------- Number: ---------------------

1. **History Taking:-**

|  |  |  |
| --- | --- | --- |
| **Action** | **Mark** | **Given marks** |
| Self-introduction / greeting and manners | **1** |  |
| Chief complaint(s) | **3** |  |
| Relevant past history / medication history | **1** |  |
| **Total marks** | **5** |  |

1. **Physical Examination:-**

|  |  |  |
| --- | --- | --- |
| **Action** | **Mark** | **Given marks** |
| Permission for examination & explaining procedures | **1** |  |
| Patient positioning & adequate exposer | **1** |  |
| Performing examination | **4** |  |
| Describing findings & correct physical findings | **4** |  |
| **Total marks** | **10** |  |

1. **Management Plan:-**

|  |  |  |
| --- | --- | --- |
| **Action** | **Mark** | **Given marks** |
| Differential diagnosis | **2** |  |
| Appropriate investigation request | **2** |  |
| Suggest a treatment plan | **1** |  |
| **Total marks** | **5** |  |

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| Evaluator's name:  ..........................................................  Signature: ........................ |